



VERIFICATION OF EMPLOYMENT

THIS SECTION TO BE COMPLETED BY PROPERTY MANAGEMENT AND EXECUTED BY TENANT

To: (Name & Address of Employer)**RE:** _____
 Printed Applicant/Tenant Name

I hereby authorize the release of my information

 Signature of Applicant/Tenant

The individual named above is an applicant/tenant of a housing program that requires verification of employment and earnings. This information will be held in strict confidence for use only in determining eligibility. Thank you for your cooperation.

Return to: (Name & Address of Property Manager)

 Property Manager/Authorized Representative

BELOW SECTION TO BE COMPLETED BY EMPLOYER

This form should be completed and signed by a bona fide representative of the employer such as the bookkeeper or accountant. In no event should it be completed by the employee.

Employee Name: _____ Job Title: _____

Dates of Employment: Start _____ Termination: _____

Current Wages/Salary: \$ _____ (check one) ☐ Monthly; ☐ Weekly; ☐ Biweekly; ☐ Other: _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ from: ____/____/____ to ____/____/____

 Commission, bonuses, tips, other: \$ _____ (check one) ☐ Monthly; ☐ Weekly; ☐ Biweekly; ☐ Other: _____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Anticipated changes in the employee's rate of pay or hours within the next twelve months: _____ Effective date: _____

Additional Remarks: _____

 Employer Printed Name and Title

 Signature

 Date

 Employer (Company) Name

 Address

 Phone Number

 E-mail

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.